SECRETARY OF STATE

DATESTAMP

REPORT OF RE ANDISBURSEMENTS

ELECTIONS DIVISION

Name of Committee Committee to Elec Address P.6. Box 1037
Telephone 769/610-3188 Fax

Treasurer Don O. Gleason

	Check here if above is different from previous report	
1	TYPE OF REPORT	
V	May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
	_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	
	_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	
	October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
	October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	Mandatory
	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)F	
	January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) Termination Report (Candidate will no longer accept contributions or make campaign Required to terestanding campaign debt obligation) Obligations	Mandatory rminate reporting

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$ 13,800 +\$ 975	\$ 14,775	\$ 14,775
Total amount of disbursements \$ 4,850 +\$ 2,013	\$ 6,863	\$ 6,863
Total amount of cash on hand	\$ 7,912	
I certify that I have examined this report and to the best of my	knowledge and belief it is	— s true, accurate, and complete.

Signature of Director or Treasurer

Authority: Affer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutii-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Flect Kelly Mins
Reporting period Jan 1,2010 through April 30,3010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sames P. Johnstone	3/18/10	1.
Mailing Address		\$
City, State, Zip Code Pontotoc, MS		\$
Name of Employer (Required) James P. Johnstone PLLC		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC (Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Grea Beard	3/19/10	\$ 200
Mailing Address		\$
Boon-eville, MS		s
Name of Employer (Required) Grey E. Beard, PA		\$
Occupation (Required)	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
all name Robert F. Wilkins	41 15110	\$ 200
failing Address		\$
Jackson, MS		\$
ame of Employer (Required) Rocky Wilkins Law Firm		\$
A ++ or ney	Aggregate year-to-date	\$ 200
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name Don O. Sleason	3118110	\$ 800
ailing Address		\$
ity, State, Zip Code مراكبة المراكبة ا	_1_1_1_	s
Gleason & Mc Henry		\$
ccupation (Required)	Aggregate year-to-date	\$ 800

Name of Candidate or Committee Page

, 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Papples Finance	415110	\$ 1000
Mailing Address	1 1	\$
City, State, Zip Code		s
Name of Employer (Required) Peoples Finance	1 1	\$
Occupation (Required)	Aggregate	\$ / 500
B. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name	411510	\$ 250
Mailing Address		\$
City, State, Zip Code	_1_1_	s
Name of Employer (Required) Northwest Mississippi Medical Centa	r11_	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kelly L. Mins	315110	\$ 5,150
Mailing Address		\$
City, State, Zip Code to palo, MS		\$
Name of Employer (Required) Mins and Lagran		\$
Occupation (Required) AH ornay	Aggregate year-to-date	\$ 5,100
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	11	\$
Mailing Address		\$
City, State, Zip Code		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$

Name of Candidate or Committee County Her to Elect Kelly Minns
Reporting period Jan 1, 2010 through April 30 2018

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Louis Cervantes	3121110	- Carting and Cart
Mailing Address		\$
City, State, Zip Code Portotoc, MS		\$
Name of Employer (Required) Peoples Finance Co		\$
Occupation (Required)	Aggregate yearto-date	\$ 1500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eric Hampton	3/11/10	\$ 1000
Mailing Address		\$
City, State, Zip Code To pels, MS		\$
Name of Employer (Required) Hampton TRANSPORT	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jasou Herring	2/1)10	\$ 200
Mailing Address		\$
City, State, Zip Code Tupelo, MS		\$
Name of Employer (Required) Set - Law Office of Such Herring		\$
Occupation (Required) A + + or n.e.9	Aggregate year-to-date	\$ 200
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		\$
lailing Address		\$
ity, State, Zip Code		\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

A. Source: Corporation PAC thdividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Moore	3119110	\$ 200
Mailing Address	1 1	\$
City, State, Zip Code (Upelo, MS		\$
Name of Employer (Required) Se F	11	\$
Occupation (Required) A ++ or ney	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC (Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lisa Scruggs Rohman	3118110	\$ 200
Mailing Address		\$
City, State, Zip Code Topels, MS		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$200
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark Nickels	4115110	\$ 500
Mailing Address		\$
City, State, Zip Code To pelo, MJ		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Shelton	3124110	\$ 750
Mailing Address		s
City, State, Zip Code Joyaelo, MS	11	\$
Shellon & Assoc. PA		s
Occupation (Required)	Aggregate year-to-date	\$ 750

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Name of Candidate or Committee Committee to Eat Kelly Mins

Reporting period Sml, 2010 through April 30, 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC (adividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Harry Hall Sumner	4 128 1 10	\$ 1000
Mailing Address		\$
City, State, Zip Code Topelo, MS		\$
Name of Employer (Required) Se I-F		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne Washington	3 124 1 10	\$ 500
Mailing Address	11	s
City, State, Zip Code		\$
Name of Employer (Required) Easy Finance //nsurance		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Denkis Howard Fairis	3 1241 10	\$ 500
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required) Office of District Attorney		\$
Occupation (Required) Assistant Distant Attorney	Aggregate year-to-date	\$ 500
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Angela Sones	3/18/10	\$ 200
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required) HHooney	Aggregate year-to-date	\$ 200

Name of Candidate or Committee Lammittee to Fled	Kelly	Mins	11
Reporting period through	April	36,20	10

ITEMIZED DISBURSEMENTS

Mailing Address Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
moning Address	4/21/10	\$ 301
City, State, Zip Code Lees Symmit, MO	4/22/10	s 48
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 349
Blue Dot 9000	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	311110	\$ 3000
City, State, Zip Code Sackson, MS	418110	\$ 3000
Purpose of Disbursement (Optional) Cansultaing - Campaign Management	Aggregate Year-to-date	s 6000
Ben Lagan	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4116110	\$ 500
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500
D. Full name NGP Software, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3131110	\$ 1.850
City, State, Zip Code Weshington, DC.	_/_/_	s
Purpose of Disbursement (Optional) Campaign Management Soft ware	Aggregate Year-to-date	\$ 1,630
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s